



Bib Data Sheet



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APPLICANTS

Mary M. Swenson, St. Paul, MN ;

**** CONTINUING DATA *******

None KML

**** FOREIGN APPLICATIONS *******

None KML

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no				
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature Initials				
		STATE OR COUNTRY MN	SHEETS DRAWING 1	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 2

ADDRESS

Mueting Raasch & Gebhardt PA
PO Box 581415
Minneapolis ,MN 55458

TITLE

Foam-on-film medical articles

FILING FEE RECEIVED 1090	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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